

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)  17090/002001																		
Application Number	10/736,191-Conf. #4366	Filed December 15, 2003																		
For APPARATUS AND METHOD FOR PREVENTION AND TREATMENT OF INFECTION																				
Art Unit 3739	Examiner	R. D. Gibson																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to          Deposit Account Number <u>50-0591</u> </p>				Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
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<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.          Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,885</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.          Registration number if acting under 37 CFR 1.34 _____</p> <p>  <u>T. Chyau Liang</u>          Signature</p> <p><u>February 26, 2007</u>          Date</p> <p><u>T. Chyau Liang, Ph.D.</u>          Typed or printed name</p> <p><u>(713) 228-8600</u>          Telephone Number</p>																				
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																				

02/28/2007 MWOLGE1 00000003 10736191

01 FC:2251

60.00 DP

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$) 60.00</b>
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<b>Complete if Known</b>	
Application Number	10/736,191-Conf. #4366
Filing Date	December 15, 2003
First Named Inventor	Robert A. Rowland, III
Examiner Name	R. D. Gibson
Art Unit	3739
Attorney Docket No.	17090/002001

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: **50-0591**    Deposit Account Name: **Osha · Liang LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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<b>Fee (\$)</b>	<b>Fee (\$)</b>
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Each independent claim over 3 (including Reissues)

50	25
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Multiple dependent claims

200	100
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360	180
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<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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17	- 26 =	x	=
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HP = highest number of total claims paid for, if greater than 20.

**Multiple Dependent Claims**

<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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3	- 4 =	x	=
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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- 100 =	/50	(round up to a whole number) x	=	
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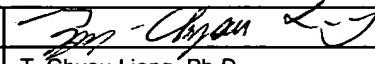
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month

60.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,885	Telephone	(713) 228-8600
Name (Print/Type)	T. Chyau Liang, Ph.D.	Date	February 26, 2007		